

续表

第一作者 和年份	国家或地区	被研究的 妇女例数	流 产 方 法	招募对象的方法	分配 方法	闭经 时间	复查 次数	注 释	参考文 献编号
		45	米非司酮 + 阴道吉美前列腺素				7		
Henshaw (1993)	苏格兰	95	负压吸引术 + 全麻	常规流产服务妇女	妇女选择	≤63 天	2		244
		73	米非司酮 + 阴道吉美前列腺素				3		
		96	负压吸引术 + 全麻		随机		2		
		99	米非司酮 + 阴道吉美前列腺素				3		
Tang (1993)	香港	45	负压吸引术 + 局麻	向计划生育协会申请 流产的妇女	妇女选择	≤49 天	2	负压吸引术安排在医院 进行	245
		99	米非司酮 + 阴道吉美前列腺素				4		

NA: 没有获得

表 4 药物流产可接受性研究结果

第一作者 和年份	药物流 产类型	妇女数和 分配方法	访视时间安排	给药前的态度 ^a	给药后的正面看法 ^a	给药后的负面看法 ^a	愿意再次使用 该方法百分数	参考文献 献编号
Rosen (1979)	前列腺素阴 道栓剂	30 (R)	与医生第一次约见 时; 给药后, 出院 前; 流产后 2 周	更倾向于药物流产, 而非手术 流产	操作过程比想象的精种 损伤和痛苦要少	与手术流产相比 疼痛较重和出血 较多	NA	235
Rosen (1984)	前列腺素阴 道栓剂 (在 医院)	18 (R)	与医生第一次约见 时; 流产 2 周后, 随 访检查前	11% 的妇女同意使用	总的来说与所期望的一 样好	疼痛和出血导致 一些妇女倾向于 手术方法	16%	44
Hill (1990)	前列腺素阴 道栓剂 (在 家中)	17 (R)		与在医院中药物流产相比更舒 适和保密, 并可得到性伴或朋 友的帮助, 因此 68% 的妇女 同意使用 16% 喜欢药物流产 的妇女认为它比手术流产更自 然			69%	
Hill (1990)	米非司酮 + 前列腺素阴 道栓剂	100 (C/L)	给药后的第 7、14 和 28 天	计划在全麻下进行负压吸引术 早期流产的妇女中, 64% 接受 了药物流产方法	95% 的妇女完全流产	超过 50% 的样 本妇女在给予前 列腺素后需要镇 痛	88%	236
Tang (1991)	米非司酮 + 前列腺素阴 道栓剂	23 (C/S)	给药前; 给药后第 8、15 和 43 天	接受者 ^b : 与手术方法相比精神损伤较小 者、害怕手术 拒绝者 ^c : 没有手术方法有效、需要的就 诊次数多、手术方法快捷、希 望流产迅速	第 8 天: 感觉轻松 比手术方法较自然 方法安全 方法方便	第 8 天: 怀疑流产不完全 痛苦 复诊不方便 第 43 天: 出血时间过长	91% (96% 将向 朋友推荐)	237

第一作者 和年份	药物流 产类型	妇女数和 分配方法	访视时间安排	给药前的态度 ^a	给药后的正面看法	给药后的负面看法	愿意再次使用 该方法百分数	参考文献 献编号
Urquhart (1991)	米非司酮 + 前列腺素阴 道栓剂	54 (C/L)	给药前 2 天; 给药后 7 天和 4 周	NA	与手术方法相比, 意识 清楚 感觉较易控制 避免了全麻而感到宽慰 与有创性手术方法相比 损伤小	在年轻的、未经 产的、需要镇痛 的妇女和看见妊 娠产物的妇女中 满意程度低	75 %	238
Legarth (1991)	米非司酮	25 (R)	治疗后 1 周	NA	没有并发症的妇女认为 它是一种可接受的方法	在 58 % 的无并 发症的妇女中和 所有有并发症的 妇女中有轻微的 副作用	在以前有过流 产的妇女中, 100 % 的愿意再 次使用	239
Bachelot (1992)	米非司酮 + 肌注前列腺 素	251 (C/U)	选择方法前, 给药的 当天; 给药后 2 周	接受者: 较手术流产精神损害小 安全 对将来妊娠的危害小 失败的危险性小 比手术流产方法更自然 比有创性手术流产损伤小 方法新奇 希望确认妊娠产物排出 拒绝者: 比药物流产精神损害小 失败的危险性小 安全 对将来妊娠的危险性小	较大比例 (63 %) 的妇 女想看排出的产物是什 么 绝大部分 (88 %) 对所 选方法感到满意	不满意 (在有并 发症或流产失败 的妇女中较多 见) 流产后需要休息 在某些妇女中这 种方法并不像期 望的那么快捷和 容易		240

第一作者 和年份	药物流 产类型	妇女数和 分配方法	访视时间安排	给药前的态度*	给药后的正面看法	给药后的负面看法	愿意再次使用该 方法百分数	参考文献 献编号
Grimes (1992)	米非司酮	8 (C/L)	给药后 4 周	相信药物流产方法的效果 喜欢药物流产方法	保密性较手术方法好 有创性操作较手术方法 少	一些妇女 (在安慰剂组也有报告) 有轻微的副作用 (疼痛和呕吐)		241
Thong (1992)	米非司酮 + 前列腺素阴 道栓剂 米非司酮 + 口服前列腺 素	94 (NA) 86 (NA)	给予前列腺后出院时 (在观察休息室或妇 科病房)	NA	大部分表示喜欢在观察 休息室给予前列腺素 给予口服前列腺素的妇 女比给予前列腺素阴道 栓剂的妇女需要的镇痛 要少 几乎全部 (99%) 妇女 对所用方法感到满意	给予前列腺素阴 道栓剂的妇女比 给予口服前列腺 素的妇女更痛且 更需镇痛	95% 将向朋友推 荐	242
Holm- gren (1992)	米非司酮 + 前列腺素阴 道栓剂	45 (C/S)	治疗后 2 周	NA	避免手术的轻松感觉 期望去确认妊娠产物的 排出 可接受性好	出血严重 疼痛	80 %	243
Hen- shaw (1993)	米非司酮 + 前列腺素阴 道栓剂	73 (C/S) 99 (R)	治疗前; 治疗后 2 周	接受者: 害怕手术 害怕全麻 比手术流产方法更自然 与手术流产方法相比有创 性操作要少		疼痛	95 % 74 %	244

续表

第一作者 和年份	药物流 产类型	妇女数和 分配方法	访视时间安排	给药前的态度 ^a	给药后的正面看法	给药后的负面看法	愿意再次使用 该方法百分数	参考文献 献编号
Tang (1993)	米非司酮 + 前列腺素阴 道栓剂	99 (C/S)	给 药 前; 给 药 后 8、15 和 43 天	拒绝者: 太慢 副作用 需要较多的复诊次数 喜欢全麻				
				接受者: 害怕手术 方便工作 与手术相比精神损伤小 害怕全麻	第 8 天: 感觉轻松 方便 避免了手术	第 8 天: 疼痛 第 43 天: 花费时间 出血时间过长	85 %	245
				拒绝者: 手术流产较迅速 复诊次数太多 有副作用				

R: 随机分配; C/S: 在研究中由个人选择流产方法; C/L: 仅研究一种方法; C/U: 个人在常用的临床服务中作出选择; NA: 未能获得

^a 按照发生的频率顺序排列

^b 给出选择药物流产的理由共 63 种

^c 给出拒绝药物流产的理由共 50 种

会选择自己曾经使用过的方法。偏爱药物流产是由于能察觉到将会发生的事、感觉更加容易控制以及操作更加谨慎，还由于避免了全麻的原因。

在阿伯丁开展的一项更为深入的研究中，妇女被问及是否同意被随机分配采用早期药物流产或全麻下负压吸引术流产，并对那些拒绝接受随机分配的妇女给予选择方法的机会^[244]。其中，54%的妇女接受了随机分配，有20%和26%的妇女分别选择了药物流产和负压吸引术流产。妇女选择药物流产的原因是由于恐惧手术或全麻，以及认为这种流产方法看起来更顺乎自然。选择负压吸引术是因为其操作过程简短和在全麻下进行，以及到医院复查的次数较少。在这项研究中，95%的药物流产者和90%的手术流产者表示她们将会再次采用同一方法。

在瑞典，Holmgren对妊娠早期的前期和后期采用负压吸引术，及采用早期药物流产后约2周的3组妇女进行了访谈^[243]。在这3组妇女中，分别有88%(35/40)、72%(31/43)和87%(39/45)的妇女对流产的经历予以肯定。并且40%(18/45)的早期药物流产者表示不会接受手术方法，其中80%的药物流产者表示将会再次采用同一方法。

在法国，Bachelot等在6个诊所接受常规保健的妇女中，对早期药物流产与负压吸引术做了比较^[240]。这些妇女可以在药物流产或者在全麻或局麻下采用负压吸引术流产之间作出选择。在作出选择的这些妇女中，66%选择了药物流产，18%选择了局麻下负压吸引术流产和16%选择了全麻下负压吸引术流产。选择药物流产是由于这种方法损伤较小、个人能够控制以及看得见妊娠产物的排出而让人放心，与手术流产相比在感觉上更加自然。选择负压吸引术流产是因为该方法快捷有效，以及与医疗上的联系更为密切。与前述两个研究组相比，选择局麻下进行负压吸引术流产的妇女受教育程度和收入较高，选择全麻下进行负压吸引术流产的妇女通常原籍为非洲或南美。流产之后，12%的药物流产者感到这种方法并非像她们预想的那么快捷和容易，而负压吸引术流产者仅有4%感到不甚满意。

上述研究表明，在要求孕9周前流产的妇女当中，有相当比例的妇女对药物流产方法感兴趣，超过50%的妇女会选择这种流产方法。药物流产后，超过75%的妇女在将来还会选择这一方法。但是，负压吸引术流产后的满意程度趋高，超过90%的妇女将会再次采用这一方法，并且那些以前对负压吸引术流产有疑虑的妇女到后来也感觉它较好。年轻、未婚和未经产的妇女趋向于选用药物流产，而年长、经产和已婚妇女则偏爱负压吸引术流产。影响年长经产妇女这一倾向的因素可能是负压吸引术流产的用时短和需要去提供流产机构复查的次数少。这些研究

之间的结论有相当程度的一致性。但是，在那些保健资源非常有限的发展中国家中仍有必要进行比较性研究。同样也有必要开展研究，以比较妊娠中期的药物流产方法，以及扩宫和负压吸引术流产的可接受性。

8.3.2 药物流产环境的可接受性

提供流产方法的环境影响其可接受性。Rosen 等开展的第二项研究中⁽⁴⁴⁾，被分配到药物流产组的妇女曾被问及她们喜欢在医院中还是在家中流产，68%的妇女表示喜欢在家；她们觉得自己的隐私是十分重要的，在家中她们更安逸更自由自在，并能够由她们的性伴或朋友相陪伴。这项研究的规模太小以致于还不能对在家中流产的安全性和可行性作出评价，但是与在医院的妇女相比，那些在家中的妇女感觉注射引起的疼痛要轻些。这是由于子宫收缩对她们的影响小，还是由于她们感到打电话寻求帮助不方便尚不得而知。

在苏格兰的爱丁堡，Thong 等研究了 180 例在闭经 63 天前进行早期药物流产的妇女^[242]。这项研究的重点是评价妇女对服用前列腺素进行早期药物流产环境的态度。这些妇女在服用米非司酮两天后返回医院，并被随机分配到小的妇科病房或一间观察休息室，以便服用前列腺素。此后，被安排到观察休息室和病房的妇女当中分别有 77% 和 69% 的人认为观察休息室是受欢迎的。原因之一是住在观察休息室的所有妇女均有相同的经历，而病房中还收住了其他一些在妇科手术需要观察的病人。住在观察休息室内的妇女在想躺下时就可以躺下。近乎半数的妇女（46%）希望她们的性伴或朋友能与她们呆在一起。如果可能的话，24% 的妇女喜欢在家中服用前列腺素。

这些研究表明，一个提供良好的保密性及方便舒适的日间工作服务机构，即可为药物流产提供一个可接受的环境。许多妇女从与她们有相同经历的妇女的表现中得到鼓舞。许多妇女喜欢有自己熟识的人陪伴，但是这样会降低在同一天进行流产的其他妇女的隐私的保密性。在家中流产提高了所有妇女隐私的保密性，同时也能让她们自由地选择陪伴者。对提供药物流产的场所还需开展进一步的研究，特别是关于在家中流产的安全性和所需资源的研究。

8.4 流产服务提供者的可接受性

如果提供者能提供方法选择的话，妇女才可能对流产方法进行选择。提供药物流产所要求的服务安排和工作人员的态度与手术流产所需要的完全不同。对于那些习惯于负压吸引术流产的提供者来说，无论从他们个人的观点还是他们对妇女所期望的认识上都可能认为这种方法更

容易。然而，由于妇女们已了解到了药物流产的优点，她们开始从开展相应服务的提供者那儿去寻求这种方法。保健专家们也更倾向于早期药物流产，并且不在万不得已的情况下，许多人不倾向于用清空子宫的方法^[247,248]。早期药物流产能够使医务人员避免在流产时清空子宫。此外，对正在进行药物流产的妇女的直接监督、评价和咨询可以让那些没有手术技能的和喜欢做这类工作的人承担。妇女或许比男性更喜欢从事这种服务^[249]。这种服务已经在大不列颠的一些中心出现，在这些中心里，早期药物流产主要是由从事避孕服务的医生提供，而不是由开展负压吸引术流产的妇产科学家提供^[250]。

8.5 结论

1. 一些已完成的研究表明，如果在药物流产和手术流产这两种方法之间作出选择时，许多妇女会选择药物流产去终止早期妊娠。

2. 不管是选择药物流产或是手术流产，大多数妇女对于自己所选择的方法都是满意的。

3. 对手术和全麻的恐惧是倾向于采用药物流产方法的一个决定因素。

8.6 建议

1. 在有条件的情况下，妇女应当可以在药物流产和手术流产方法之间作出选择。

2. 应当开展研究，以确认影响不同流产方法可接受性的因素。

3. 需要开展相应的研究，以改善有关药物流产的现行方案，并增强它的适用性和可接受性。

4. 需要开展研究，以评价从发达国家中所得出的有关终止早期妊娠的药物流产方法的可接受性研究结果是否适用于发展中国家。

5. 需要开展研究，以比较有关妊娠中期终止妊娠的药物方法、扩宫和刮宫术的可接受性。

6. 需要进一步开展有关早期妊娠药物流产的场所，特别是有关在家中进行流产的安全性和所需资源条件的研究。

9. 引入药物流产作为常规临床服务措施

9.1 法国和英国的经验

在中国和法国，米非司酮联合前列腺素已被获准用于 49 天前妊娠

的常规临床药物流产，英国和瑞典获准用于 63 天前妊娠的药物流产。法国是 1988 年 9 月获得政府批准的，并组织开展了保健人员的培训项目，一年之内在全部 458 个中心中曾为 2155 名妇女提供了药物流产^[251]。法国法律已准许早期妊娠内经申请的人工流产，并可使用政府认可的网络设施，该网络是从采用负压吸引术进行药物流产而发展起来的。在流产时，法国妇女支付标准的费用，其后由国家健康保险机构退还 80% 的费用^[252]。估计 1991 年在全部人工流产中的 12.3% 是使用米非司酮联合前列腺素完成的。

英国政府于 1991 年 7 月颁发执照准许米非司酮和吉美前列腺素用于妊娠 63 天前的流产。由厂商为医生们提供培训。培训和组织服务花费了 12 个月的时间，因此至 1991 年底仅完成了 109 场培训^[17]。然而，仅在 1992 年就开展了 4000 例药物流产，在 1993 年估计约 6000 例或差不多在全部 63 天前妊娠的人工流产中，超过 10% 是用药物流产方法完成的（T. Eaton，个人交流，1994）。与法国有所不同，英国法律规定要有 2 名医生签署流产证明书，以证明流产对保护妇女的健康确实是必要的，这就拖延了下面的程序。在英格兰和威尔士，仅有 50% 的人工流产是由国家保健服务部免费提供的，其限制因素是医务工作者的态度和对妇科资源的竞争优势。因此，许多妇女不得不到需要支付全部费用的私人诊所去做人工流产。由国家保健服务部提供的绝大部分人工流产是采用常规妇科设备用负压吸引术完成的。药物流产则要求不同的安排，许多服务机构已经慢慢地开始实施。私人诊所发现，药物流产的费用高于负压吸引术，这是由于药品价格和需要增加访视所致。然而，药物流产要求在国家保健服务部一些中心中进行，这些中心能有效地协调安排治疗、拥有一批富有同情心的工作人员以及具有提供使用前列腺素所需的专门日间保健服务的能力^[250]。

上述比较表明，能否得到早期药物流产受流产法律、机构及其所提供经费的影响。与英国相比，法国早期药物流产应用更为广泛，这是由于法国的流产法律更加“开明”，服务组织的更好，可得性也好，以及大部分费用由国家支付。

9.2 发展中国家的经验

中国是取得早期药物流产广泛经验的唯一发展中国家。米非司酮由政府药厂生产，并与前列腺素联合使用，这种前列腺素类似阴道的卡波前列腺素（carboprost）和口服的米索前列醇（misoprostol）。这种服务由国家计划生育委员会监管。早期药物流产限定在医院使用，医务人员必须持有经专门培训而取得的合格证。认真地保存记录，药品的提供，

以及在药物流产之前、流产期间和流产之后的服务质量在国家水平上受到监督。当取得了经验和有足够的经过培训的医务人员时，计划在全部地方诊所提供早期药物流产，这些地方诊所早已提供负压吸引术，并得到了地方医院的支持（肖碧莲，个人交流，1994）。

9.3 制定提供早期药物流产计划

任何治疗方法的引入均涉及新的医疗技术，并且要使绝大部分特定人群易于得到，因此需要认真地计划。引入负压吸引术服务不仅对流产，而且对处理流产后胚胎残留方面已获得了某些经验^[253,254]。关于此事，世界卫生组织已经设计了一个3阶段流程以指导引入控制生育的新方法（图7）^[255]。

第一阶段

什么方法最适合于使用者的需求和服务能力？
行动：评估现用的各种方法、服务的基础结构和能力、项目政策、潜在的社会福利救济和后勤管理

决定的选择

- 引入新方法
- 不引入方法
- 改善目前方法的应用
- 停用目前使用的方法

第二阶段

影响新方法应用的服务实施问题和使用者的问题是什么？
行动：如果需要，应开展引入性试验，服务实施系统研究，确定使用者和潜在使用者对于新方法以及提供方式的看法。包括这样一些领域，诸如对使用者、项目的成本—效益比，对适宜的后勤管理能力和供应的研究

第三阶段

扩大应用新方法研究结果的含义是什么？
行动：研究结果的分析，与引入过程的参与者评述这些结果，决定下一步骤，战略发展

决定的选择

- 按比例增加服务实施
- 将预试验扩展到地区水平
- 特殊服务实施问题的试验干预
- 地区发放到特殊地点
- 不再继续进行

图7 对引入生育调节新方法作出决策的3个步骤^a

^a资料来源：参考文献255，引用获得允许。

9.3.1 引入服务的可行性评估

早期得到人工流产是否可能？

妇女应当在停经 47 天前，或者大多数妇女应能在停经 63 天前获得流产。这样早期流产的可行性取决于流产法律，但同样重要的是这种可得性不受与提供流产有关法规的限制，否则许多妇女到她们的请求获准时大都超过了这一限定的怀孕期限。

社区态度支持提供药物流产吗？

早期药物流产必须在总体上要为社区所接受。妇女们应当知悉早期药物流产的副作用和需要至少 3 次到服务中心去复诊。

可以得到抗孕激素和前列腺素类似物吗？

早期药物流产所需的药物制品必须准许常规地用于临床。如果情况并非如此的话，则可能需要组织一项临床试验。在这项试验中，抗孕激素-前列腺素联合用于地方环境，以便证实它的适宜性，因而获准和得以普遍使用。必须有安全的分配系统，以便只有那些经过培训的并提供该项服务的保健专业人员能够得到这些药物制品。

可以提供充足的资源吗？

提供安全的和广泛的早期药物流产的保健服务机构必须要有足够的资源，并要有足够数量准备参与这项服务的保健专业人员。同时必须考虑这项新服务的费用是否能与从治疗少数因不安全流产所致并发症妇女中所节省出的费用相抵销。

现有的保健设施能够接纳早期药物流产吗？

如果药物流产是通过已经从事妇幼保健和计划生育的地方诊所提供的，其费用是很低廉的。并发症则必须通过能够迅速取得地方妇科服务机构的帮助并与之密切合作加以处置。其中包括输血的提供。

9.3.2 应考虑的因素

如果认为引入早期药物流产是可行的，那么就必须筹划这项服务，以便使妇女们能够得到这种安全的、合法的和富有爱心的服务(图 8)。

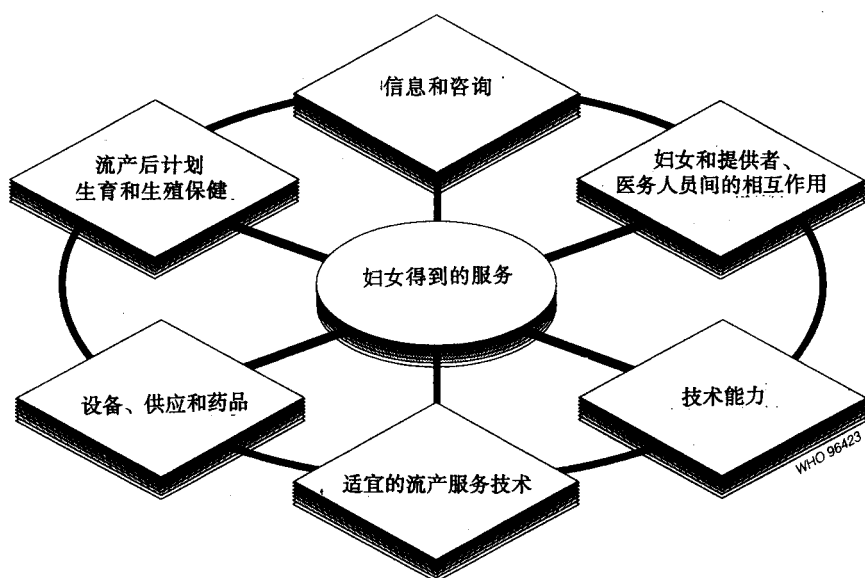


图8 流产服务质量框架^a

^a 资料来源：参考文献 256，引用获得允许。

人员

早期药物流产已被注册的开业医生（未必是妇科专家）、经过培训的护士以及受到监督的辅助医务工作人员成功地加以提供。聘用人员的资格取决于提供流产和全科保健服务的法律。对提供避孕措施具有经验的人员可以经过几天的培训后去提供药物流产。可以从开展计划生育服务的人员中招募早期药物流产的提供者，也可聘用他们在这两项服务中兼职，这样做是有利的。

培训重点应当放在早期药物流产的原理上，但也包括一些健康问题检查，如贫血和生殖道感染、妊娠的早期诊断（包括异位妊娠的征兆和症状）、妊娠的终止、流产完全性的估计以及对不完全流产和严重出血的处理。提供流产咨询的顾问必须能够帮助妇女知悉药物流产过程都包含些什么。那些咨询技巧高的人可以在短时间内获得他们所需的信息，并在他们自己从事咨询服务之前，通过对有经验的咨询人员的工作进行1周或更长时间的观察来获得经验。

对于请求流产的妇女必须给予关心和善待。这样的服务局面并不是自然而然形成的，而是管理者所树立榜样的结果，特别是那些资深年长者是全体员工学习的榜样。流产服务应当以妇女们的需求和健康为中心。服务机构和工作人员的态度应当明确，信任是首要的。要使妇女们

确信，她们有权利和能力去掌握自己的命运，她们可以得到她们所需要的和对她们作出决定有帮助的信息。

受过负压吸引术（或刮宫术）培训的医务人员必须做好处理不完全流产的准备，他们能够就地或在就近的妇科诊所提供这种服务，这对于需要输血或者怀疑发生异位妊娠而需进行安全处置的妇女，尤为重要。

服务标准必须通过根据标准条例对医务人员进行的常规监督和对并发症发生频率的监测来加以维护。

设施

提供早期药物流产的中心与妇女的居居住地之间必须在合理的服务距离内，因为她们需要至少进行 3 次复查。对这种评估性的复查来说需要的基本设施是：一处保密的场所、一把检查用躺椅和一间盥洗室。使用前列腺素需要一个独立的场所，妇女可根据自己的意愿坐着或躺下，并有一个单独洗手间，其内安装有收集怀孕产物的适当容器。妇女的血红蛋白和血液样本应当能够在诊所现场或在一间地方实验室内进行评估和检测。必须可靠地和分别地处理排出的怀孕产物。根据前列腺素类药物的使用，药品存放必须安全，并配备一台冰箱。需要装备一部电话，以便与提供支持性服务的地方医院保持联系。应当尽可能地给接受前列腺素处理的妇女提供饮料和简单的茶点。

服务的可得性

如前所述，提供早期药物流产的服务机构必须与妇女的居居住地相距合理。然而，这样的要求可能与保密性相矛盾。如果流产服务能够与母亲和儿童保健及计划生育有关的其他服务合在一起时，保密性就提高了。如果妇女们对保密性感到担心的话，她们就有可能到较远的中心去寻求流产服务。

可得性的另一个重要方面是所提供的服务的机构所能处理的病例数应当与该地区所拥有的病例数相匹配。对于评估和流产本身而言，药物流产的提供不应根据现有流产等候名单来限额提供。

供应和设备

早期药物流产服务的成功取决于一个组织良好的实施系统，该系统要确保每个中心经常备有人工流产药品和对妇女安全及健康所必需的其他药品的充足储备。可得到的一些药品不仅应当包括避孕药和前列腺素类，也应包括麦角新碱、催产素、镇痛药、止吐剂、注射用局麻药、抗

生素和应付罕见的心血管急症的药品，如肾上腺素和注射用抗组胺剂。对于 Rh 阴性的妇女来说，要供应 Rh (D) 人类免疫球蛋白。应备有静脉输液设备以备急用。同时，应当供应无菌生理盐水和血液替代品。地方的支持性机构应当能够提供输血。

基础设备的供应应当充足和可靠。包括无菌的宫颈扩张器、无菌注射器和针头。必须配备用于排放残留的怀孕产物的设备。在可能做早期药物流产的孕期内，当用注射器产生的真空足够时，则不一定配备电抽吸泵。相对于负压吸引术而言，剧烈的刮宫术并不是一个好的选择。所有的器具必须是无菌的。

信息和咨询

信息和咨询是保健服务的两个基本方面。应当为妇女们提供有关获得流产方法的全面和正确的信息，以便她们能够充分作出知情选择。在方法选择之后，她们应当能够得到所有必要的细节，包括她们将来必须复查的次数、不适的程度、疼痛和她们在流产过程中或流产后可能要经历的出血，以及如何确认她们需要向专家寻求帮助的征兆。应当明确清楚地告知她们如何去获得这些帮助。

信息的提供必须以意见协商一致的咨询小册子为基础。撰写和扩展完善这些小册子非常费时，但必须在医务人员培训和药物流产服务被允许开展之前完成。必须为所有新工作人员提供培训和定期在职进修课程。

培训医务人员可借助小册子和电视录像带。有组织的培训和这些小册子对咨询顾问帮助妇女们作出流产的最初决定是非常重要的，与妇女接触的所有医务人员在被问及时，都能够对流产过程中的各个方面提供意见完全一致的和正确的信息。对于早期药物流产，妇女们需要知悉最长的孕期限制、需要再次回来服用前列腺素和需要进行随访的重要性，以检查给药是否取得了成功。

流产后的计划生育

流产服务应当与计划生育服务密切相联系。所有请求流产的妇女都应问及她们避孕的有关经历，并且一旦妊娠结束后能为她们寻找到她们自己认为可接受的避孕方法提供进一步的帮助。流产之前，大多数妇女对她们的非意愿妊娠的痛苦过于关注，以致使她们不能从避孕的咨询中获益。然而，当她们再次复查时，则应当得到咨询，同时适当地为她们提供避孕药具。

9.4 结论

1. 法国和英国的经验表明，在发达国家可以通过改变现有的流产服务来提供早期药物流产。

2. 中国的经验表明，在流产未被法律禁止的其他发展中国家，米非司酮与前列腺素联合用于早期药物流产是很有潜力的。

3. 引入药物流产的计划要与现有的流产服务相适合，并且应当与常规的妇科服务紧密地相联系。服务应当受到密切监督。从服务中所获得的信息应能对这项新被引入的流产服务加以完善，并对其他国家提供早期药物流产的计划进行指导。

9.5 建议

1. 服务机构应当向妇女们提供有关药物流产和手术流产特点的全面而正确的信息，以便她们能够作出完全知情的选择。

2. 需要开展研究以确定提供早期药物流产最有效的途径。

3. 引入抗孕激素联合前列腺素的早期药物流产，需要如下信息：

- 现有流产服务的效果；
- 对于药物流产提供者的培训方式应有所改变；
- 确保为使用者提供优质服务的最佳途径；
- 费用问题；
- 支持性服务的组织。

4. 引入早期药物流产服务的问题因各国的流产法律、现有的地方保健服务和对人工流产的文化态度而异。因此，虽然在中国、法国和英国的研究可以提供一般性的指导，但其他国家在引入这项新技术时仍需组织开展试验性研究，然后再决定在国家水平上如何提供这项服务。

5. 如果保健服务系统功能十分有效，并能使怀孕妇女获得早期流产，这将会加强通过联合使用抗孕激素和前列腺素来获得早期药物流产。

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